

**MEALS TAX
MONTHLY REPORT AND REMITTANCE**

CITY OF FAIRFAX CODE, CHAPTER 8, ARTICLE XI

**WILLIAM PAGE JOHNSON, II
COMMISSIONER OF THE REVENUE
CITY OF FAIRFAX, VIRGINIA**

ROOM 210 - CITY HALL
10455 ARMSTRONG STREET
FAIRFAX, VIRGINIA 22030-3649
TELEPHONE (703) 385-7880 FAX (703) 359-2499

Name _____

Virginia Sales Tax
Registration No. _____

Trade Name _____

Month Ended _____ Year _____

Mailing Address _____

P.O. Box or Street

Individual _____

Partnership _____

Corporation _____

Telephone Number _____

City

State

Zip Code

DEFINITE LOCATION OF BUSINESS IN CITY

- | | |
|---|----------|
| 1. GROSS RECEIPTS, INCLUDING ALCOHOLIC BEVERAGES | \$ _____ |
| 2. TAX COLLECTED (2% of amount of Line 1) | \$ _____ |
| 3. LESS 3% sellers commission (.03 x amount on Line 2)
(ONLY WHEN FILED AND PAID ON TIME) | \$ _____ |
| 4. Net Tax due and payable to City of Fairfax
(Line 2 less Line 3) | \$ _____ |
| 5. Penalty for late payment (10% of amount of Line 2) | \$ _____ |
| 6. Total Tax and Penalty (Sum of Line 2 plus Line 5) | \$ _____ |
| 7. Interest (at the judgement rate, Code of Virginia
Section 6.1-330.10) | \$ _____ |
| 8. TOTAL DUE (Tax, Penalty and Interest) (Line 4 if
filed and paid on time or Sum of Line 6 and 7) | \$ _____ |

DECLARATION OF SELLER:

I hereby swear or affirm that the amounts listed above are true, correct and complete to the best of my knowledge and belief for the period stated above.

Date _____ Signed by _____

Title _____ Print Name _____

Mail original and first copy to: Commissioner of the Revenue, Room 210 - City Hall, 10455 Armstrong Street, Fairfax, Virginia 22030 on or before the last day of the month following month of tax collection.